

In Support of SB 1117

An Act Concerning THE TAXATION OF DIGITAL DOWNLOADS, BOATS, MARIJUANA AND EXPANDING THE TAX CREDITS AVAILABLE UNDER THE NEIGHBORHOOD ASSISTANCE ACT.

Testimony of Erik Williams

Good morning Chairpersons Fonfara and Widlitz, Ranking Members and Members of the Finance, Revenue and Bonding Committee. Thank you for this opportunity to testify in support of SB 1117, An Act Concerning the Taxation of Digital Downloads, Boats, Marijuana and Expanding the Tax Credits Available Under the Neighborhood Assistance Act.

My name is Erik Williams and I am COO of Gaia Plant-Based Medicine's Connecticut-based company, a medical marijuana company. I am also President of the Connecticut Cannabis Business Alliance and Executive Director of Connecticut NORML. I would like to speak directly to the taxation of medical marijuana producers and the addition of "pain that is treated by a pain management specialist, as such terms are defined in section 38a-492i."

I would like to start by saying that, on behalf of the thousands of Connecticut residents who suffer from severe pain every day and the thousands of others who are needlessly addicted to opium-based pharmaceuticals, thank you for this legislation adding specific pain. As a taxpayer and executive in the medical marijuana industry, I thank you for adding the \$250 per pound tax at the producer level. Producers will make a strong positive fiscal and social impact on their host communities, bringing jobs, tax revenue, ethical corporate practices and other benefits to the community. Additionally, medical marijuana companies are the best kinds of corporate citizens because we want to be and we have to be.

I need to be perfectly clear here though, these two are intricately linked. By adding to the list of approved debilitating conditions, most potential producers (and all that I know of) in Connecticut will be able to bear the per pound tax and would support this legislation wholeheartedly. Without expanding the list, the intense capital investment needed, costs unique to the industry, and narrow profit margins would make the additional tax untenable.

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The State of Connecticut has already mandated that health insurance coverage be provided to persons for pain management and the statute to which this language is referring specifically says that insurers "...shall provide access to a pain management specialist and coverage for pain treatment ordered by such specialist which may include all means medically necessary to make a diagnosis and develop a treatment plan including the use of necessary medications and procedures." To deny patients and their doctors this means of relief is not only counter to existing law, but generally cruel.

I understand the arguments for and against this clearly and would like to quickly address those and show why I support this legislation. First, there is a mechanism within the medical marijuana law passed last year for the Department of Consumer Protection to add to the list of debilitating conditions. Having seen the diligence and professionalism of the DCP throughout the roll out of the medical marijuana program thus far, I am confident in their review process when it begins. However, I cannot in good conscience look in the eye the thousands of persons I know are suffering in horrible pain every day and tell them, "No. Keep suffering. There's a process." I hope that the Members of this Committee would also have difficulty saying that to their constituents. Also, the legislature is a process and just as I take my kids to the Minute Clinic to address their pain or sickness on the weekend, patients suffering should seize any opportunity to end that pain.

There is also the myth that marijuana is a gateway drug. This theory has been widely refuted and the myth debunked including by the The Institute of Medicine in 1999 which dismissed the 'gateway' theory:

"There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs." Over 76.3 million Americans have reported using marijuana and a tiny fraction report using harder drugs leading to the conclusion that less than 1 in 80 marijuana users ever try other drugs. Opponents of medical marijuana often try to make a casual link a causal one, which is false. In fact, researchers publishing a recent Yale University study trying to make that claim admitted that their link was casual and not causal.

Another myth is that legalized Marijuana leads to increased teen use. False.

A study published by researchers and doctors from the University of Oregon, Colorado and Montana State in May, 2012 concluded: " Using data from the

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national and state Youth Risk Behavior Surveys, the National Longitudinal Survey of Youth 1997 and the Treatment Episode Data Set, we estimate the relationship between medical marijuana laws and marijuana use. Our results are not consistent with the hypothesis that legalization leads to increased use of marijuana by teenagers.

The actual teen use rate on a state-by-state basis also refutes that notion and proves it false. I understand that anecdotes are the life-blood of fear-based arguments, but I encourage the legislature to stick to the facts. The fact is that legalized medical marijuana actually leads to lower teen marijuana use.

A 2009 Congressional Research Service study also concluded: "No clear patterns are apparent in the state-level data. Clearly, more important factors are at work in determining a state's prevalence of recreational marijuana use than whether the state has a medical marijuana program."

In the face of these myths against the treatment of pain with medical marijuana is the simple fact that some patients who are in horrible constant pain may find relief. That is a decision that is best made between a patient and their doctor and the legislature should give them that option.

Thank you and I would be happy to answer any questions you may have.